Pregnant Women and Tobacco

FACT SHEET

Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services
Paul R. LePage, Governor
Mary C. Mayhew, Commissioner

Maine Facts and Trends

The following data come from the Pregnancy Risk Assessment Monitoring Survey (PRAMS), a surveillance project conducted by the Federal Centers for Disease Control and Prevention in forty states and New York City, to collect data on maternal attitudes and experiences before, during and after pregnancy.[1]

The 2011 PRAMS reported that 19% of pregnant Maine women smoke.

- Socioeconomic status was a factor for current smoking rates in pregnant women:
  - **Income:** Among pregnant women who reported income information, those who reported lower income had higher smoking rates; 43% reported an income of $14,999 or less, 18% reported an income of $15,000 - $24,999, and only 12% reporting an income of $25,000–$49,999 smoked.
  - **Education:** Pregnant women with less education had higher smoking rates compared to those with a higher education levels. The smoking rates were: 60% for those reporting having less than a high school education, 30% for those reporting a high school education, and 7% for those pregnant women with more than a high school education.
  - **Insurance:** Among pregnant women who reported income information, those enrolled in MaineCare had higher smoking rates (33%) compared to pregnant women not enrolled in MaineCare (19%).
  - **Age:** Younger pregnant women had higher smoking rates than older pregnant women. The smoking rates were 25% for those less than 20 years of age, 30% for those 20–24 years, 16.1% for those 25–34 years, and 10% for those 35 years of age and older.
- The smoking rates for pregnant women who had an infant with a birth weight less than 2500 grams was 33% compared to 18% for babies with a birth weight greater than or equal to 2500 grams.

The Story Behind the Facts: Why Is this Information Important?

- Smoking during pregnancy is the most important modifiable risk factor associated with adverse pregnancy outcomes.[2]
- Tobacco use has been declared a pediatric disease due to the extent of harm to children and families.[3,4,5]
- Smoking during pregnancy increases the risk for complications:
  - **Pregnant mother:** miscarriage, ectopic pregnancies, placenta problems, and premature birth.[3,6]
  - **Baby:**
    - May be born with a low birth weight resulting in other health problems that require special care, longer hospital stays and higher medical costs.[7]
    - 3 to 4 times more likely to die from Sudden Infant Death Syndrome (SIDS) than babies born to nonsmokers.[7]
    - Research has shown that nicotine can disrupt infants' sleep patterns and shorten nap times by one third due to the nicotine and other tobacco substances that pass through the breast milk to the baby.[5,7]
    - Women who smoke are less likely to breastfeed and more likely to stop breastfeeding earlier compared to nonsmokers.[7]

- **Children and older:**
  - May develop learning problems, such as poor reading, math skills and overall poor performance in school.[3]
  - Develop childhood medical problems including ear infections, asthma, pneumonia and bronchitis.[4]
  - Attention Deficit Hyperactivity Disorder (ADHD) in children has been associated with having a mother who smoked during pregnancy.[4]
  - Delinquent and aggressive behavior, such as anger, hitting, biting and bullying, may develop as the child gets older and antisocial problems, such as vandalism, theft and illegal drug use have been associated with mothers who smoke while pregnant.[4]
  - Youth and young adults of moms who smoked during pregnancy are more likely to become addicted to tobacco if they begin to smoke.[5,7]

- Many women are motivated to quit or reduce smoking during pregnancy, but half of women who quit during pregnancy relapse and are smoking again 6 months after the delivery due to a partner who smokes, concerns about weight gain, and stress.[5,7]
- Quitting before pregnancy is best, but quitting as early as possible can still help protect against some health problems; quitting benefits both the mom and baby.[7,8]

References

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[3] Campaign for Tobacco-Free Kids, *Health Harms Caused by Pregnant Women Smoking or Being Exposed to Secondhand Smoke,* www.tobaccofreekids.org/research/factsheets/pdf/0007.pdf accessed on April 4, 2013.

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[7] American Cancer Society. *Women and Smoking,* http://www.cancer.org/cancer/cancercauses/tobaccocancer/womenandsmoking/index accessed on April 4, 2013.

[8] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Birth Defects and Developmental Disabilities and National Center for Chronic Disease Detection and Health Promotion, Division of Reproductive Health and Office of Smoking and Health, *Pregnant? Don't smoke,* www.cdc.gov/features/pregnantDontSmoke/ accessed on April 4, 2013.

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